

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>POWERPACPLUS</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 08 / 10 / 2013</div> </div>		

  

Full Name of Payee <b>Hope Road Consulting</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2013		
Mailing Address 44 Montgomery St., Suite 2310			Amount 4000.00		
City San Francisco	State CA	Zip Code 94104	Transaction ID : SE.9586		
Purpose of Expenditure Consultant for radio ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 16 / 2013		
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ		
Calendar Year-To-Date Per Election for Office Sought 45695.56			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

  

Full Name of Payee <b>Hope Road Consulting</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2013		
Mailing Address 44 Montgomery St., Suite 2310			Amount 94.99		
City San Francisco	State CA	Zip Code 94104	Transaction ID : SE.9588		
Purpose of Expenditure photo for newspaper ad		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 09 / 05 / 2013		
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ		
Calendar Year-To-Date Per Election for Office Sought 45790.55			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary		

  

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	4094.99
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Le

Signature

[Electronically Filed]

Date

MM / DD / YYYY

05 / 19 / 2014

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 2 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>POWERPACPLUS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00516500	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on		MM / DD / YYYY 08 / 10 / 2013	

Full Name of Payee <b>Univision Radio</b>		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address 485 Madison Ave., 3rd Floor		Amount 8900.00	
City New York	State NY	Zip Code 10022	Transaction ID : SE.8914
Purpose of Expenditure Radio Ads	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2013	
Name of Federal Candidate Cory Booker		<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NJ	
Calendar Year-To-Date Per Election for Office Sought 41695.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ► Special-Primary	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ►	

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	8900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►	
(c) TOTAL Independent Expenditures..... ►	12994.99

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lisa Le

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Date

MM / DD / YYYY  
05 / 19 / 2014

Signature